

Parenting Education Needs Assessment in Nebraska

Final Report

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Prepared by:

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College of Public Health

University of Nebraska Medical Center

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AUTHORS/RESEARCH TEAM

Dejun Su, PhD

Drissa M. Toure, MD, MPH

Molly McCarthy, MPH

Athena Ramos, MS, MBA, CPM

Antonia Correa, MA

Wayne Houston, MPA

Jackeline Hill, RN

Natalia Trinidad, BS

Kandy Do, BS

EXECUTIVE SUMMARY

The purpose of this study was (1) to assess the perception of and attitudes towards parenting education among parents, especially minority parents in Nebraska; (2) identify the current barriers in parenting education; and (3) to understand the preferences of parenting education programs and determine what types of support and services are needed.

To meet the aims of this study, we conducted a survey of parents from North Omaha, South Omaha, and rural areas of Nebraska (Columbus, David City, and Crete). Secondly, we convened focus groups in North and South Omaha to collect information regarding parenting attitudes, needs, and preferences. Finally, we interviewed stakeholders involved in parenting education activities in Nebraska.

The survey focused on parents' health behaviors as well as their experiences with and needs related to parenting education. We surveyed 452 parents in English and Spanish, and found a great deal of interest in parenting education. Roughly 2/3 of respondents had not taken a parenting class before. About 3/4 of the respondents indicated they are interested in participating in a parenting education program or may be interested in such a program, depending on the content and convenience of participating.

The most common features of desired parenting classes included being group-based, having a flexible schedule, being close to the respondent's residence, and having child-care on site. The most frequently reported barriers to parenting education were lacking information about programs, not seeing a need for formal parenting education, and feeling as though they did not have time for parenting education classes.

Commonly reported opportunities for parenting improvement included increasing patience, knowing how to appropriately discipline the child, and teaching the child what the child wants to know. Many parents reported doing well in giving their child unconditional love, meeting their basic needs, and spending time with their child. The elements of parenting which were commonly regarded as the most important included providing unconditional love, spending time with the child, meeting their basic needs, and having patience.

There were substantial differences in terms of willingness to participate in future parenting education program across racial and ethnic groups. In particular, Hispanic parents were far more willing to consider to participate in a future parenting education program when compared to white and African American parents.

The community focus groups were conducted in North and South Omaha. African-American residents of North Omaha reported challenges in parenting related to issues in communication, peer pressure, and concerns about social media. The Hispanic respondents from South Omaha indicated their parenting challenges were mainly around language, technology and social media, cultural differences, helping children cope with racism and prejudice, and teaching children about their culture. Both groups indicated there was a need for parenting education in their communities.

Factors that would promote participation in education programs were as follows: having the opportunity to learn about the development stages of their children, having the opportunity to teach other parents after completing parenting education, having a convenient time and location, having prizes, including childcare, welcoming all kinds of families, including fathers, and encouraging participation in events where families can meet informally and continue the relationships they build.

Ideal parenting education was characterized as an intercultural exchange, free of charge, with small groups, voluntary, and with a roundtable layout so that participants could easily see each other and discuss topics. In addition, participating parents thought it was important to recognize that not all families are 2-parent families but that family structures are diverse (e.g., single parents, LGBT families, blended families, and so on). Topics that were proposed included education, religion, family budgeting, community resources, civic participation, and disciplining children. In the North Omaha focus group, there was considerable discussion around parenting education related to legal issues and interfacing with child protective services to get children back who have been removed from the home.

We interviewed key informants who are involved in parenting education in the State of Nebraska. We asked about how they promote their classes, what barriers they face in promoting their classes, barriers they think parents face in attending parenting education classes, and their organization's plans to plan, expand, or refine parenting classes.

Promotion was primarily done through community meetings, internet, developing support services, the court system, Omaha Public School (OPS), local churches, and through word of mouth. They removed barriers by translating their information, developing support services, and increasing preventive programs.

The key informants indicated they thought parents faced barriers such as paying the fee for the classes, having no transportation, and no child care during the class. In addition, many parents have very busy schedules which may preclude participating in a class. When classes are in the evening, which allows working parents to participate, supper time can be a barrier if food is not provided.

Boys Town is expanding services related to Spanish-speaking parents, high density communities, resettlement populations, and deaf families. Heartland Family Services is adapting the curriculum of their parenting course to fit the needs of the Karen refugee community, and seeks to use evidence-based curriculum whenever possible.

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INTRODUCTION

The importance of parenting cannot be overestimated when it comes to children's wellbeing and development. Parenting education is an effective way to provide parents with the knowledge and strategies they need for responsible parenting. Not all parents, however, are willing or able to participate in parenting education programs. Minority and low-income parents face unique needs and barriers in accessing parenting education. In an effort to understand the current participation and unmet needs in parenting education in Nebraska, the Nebraska Department of Health and Human Services' Maternal, Child, and Adolescent Health Unit contracted with the University of Nebraska Medical Center's Center for Reducing Health Disparities to develop a parenting education needs assessment study. The purpose of the study was to (1) assess perception of and attitudes towards parenting education among parents, especially minority parents in Nebraska; (2) identify current barriers in parenting education; 3) understand preferences of parenting education programs and determine what types of support and services are needed. This report summarizes the major findings from the 2015 Nebraska Parenting Needs Assessment.

BACKGROUND

A growing body of research suggests that meaningful engagement of parents in their children's early development and learning supports school readiness and later academic success (Weiss et al., 2006; Henrich et al., 2008). Parent education and engagement is often considered in conjunction with children's participation in early childhood development and learning programs. Effective parenting education can improve parenting skills, which in turn positively influences the wellbeing of children (Bunting, 2004). Parents usually need to learn about the skills, attitudes and interpersonal abilities associated with parenting before they can become effective caregivers and teachers for their children (Zepeda, Varela, and Morales, 2004). Results based on a randomized controlled trial showed that parenting education among low-income mothers was associated with more proactive use of health care services for infants (El-Mohandes et al 2003). There is also evidence suggesting that parenting education can help nurture the right parenting attitudes and reduce the likelihood of child maltreatment (Cowen, 2001; Barth, 2009; Lundahl, Nimer, & Parsons, 2012). Parental involvement has been closely linked to children's academic success (Jeynes, 2005).

The Harvard Family Research Project (HFRP) states that "for children and youth to be successful from birth through adolescence, there must be an array of learning supports around them." (HFRP, 2006). These learning supports include families. HFRP identified three family involvement processes that aid in fostering healthy outcomes: parenting education, home-school relationships and responsibility for learning outcomes (HFRP, 2006).

Over the last six years, with input from family literacy parenting educators and research, Family Literacy Support Network (FLSN) has extended the definition of parent education to include a more holistic understanding of what it takes to support adults in their continuing role as a parent and a child's first and most important teacher. FLSN's definition promotes parenting education as an on-going, evolving process that supports adults in their role as parents. FLSN's definition reads: "Parenting education empowers parents with the capacity and confidence necessary to nurture healthy relationships; to support their child's

development (social, emotional, cognitive, and physical); to access and navigate community systems; and to increase their leadership and advocacy skills in support of their family, school, and community.”

Parents often face deterrents and barriers in accessing parental education. Based on a random sample of parents with children in daycare, one study identified five deterrents through factor analysis including lack of confidence, lack of course relevance, personal problems, situation barriers, and time (Johnson et al. 2009). It was also documented that fathers were more difficult to recruit for parenting education and some of the common barriers included lack of awareness, work commitments, female-orientated services, lack of organizational support and concerns over program content (Bayley, Wallace, & Choudhry, 2009). For many minority parents, there is also the issue of provision of culturally relevant parenting education (Miller, 1997). More research needs to be conducted to develop interventions that are culturally sensitive for different ethnic groups (Kumpfer, Alvarado, Smith, & Bellamy, 2002). Implementing culturally-informed parenting programs for minority parents usually would require a strategy that would take into account how socioeconomic status, immigration status, and acculturation can synergistically impact parent engagement (Moodie and Ramos, 2014). For these purposes, it becomes important to understand how the knowledge, awareness, perception, preferences, and unmet needs associated with parenting education might differ across racial and ethnic groups so that parenting education programs can be tailored to make sure they can address specific needs of different racial and ethnic groups. This is also related to what Powell defines as knowing “what works with whom under what conditions” in evaluating parenting education programs (Powell, 2005).

APPROACH AND METHODS

We conducted a parenting needs assessment among parents in Nebraska who had children between the ages of 0 to 17 years. The study has three parts: first, we conducted a survey of parents from North and South Omaha as well as rural parts of Nebraska (Columbus, Crete, and David City). Secondly, we hosted focus groups in North Omaha and South Omaha to collect in-depth qualitative data on parenting attitudes, needs, and preferences. Finally, we interviewed stakeholders who are involved in parenting education activities in Nebraska.

Phase 1: Community Survey

The purpose of this survey was to understand the parenting education that Nebraska parents had received, to identify barriers to parenting education, to assess interest in participating in parenting education, and to learn what qualities parents seek in a parenting education curriculum. The survey instrument was developed by the CRHD team and data was collected in July 2015 based on parents' self-report on the following domains: (1) sociodemographic indicators including age, gender, ethnicity/race, education, marital status, employment, zip code, house/apartment ownership, country of citizenship, and income; (2) health and behavior, such as health insurance, overall health status and so forth; (3) children, such as how many children, information on child age, sex and so forth; and parenting style, practices, and preferences.

Survey Distribution/Data collection

The goal of the community survey was to provide a venue for community residents to express their needs and concerns about parenting education. To have a broad reach, CRHD staff completed the paper survey at community sites across North and South Omaha, predominantly where African American and Hispanic communities reside, and three rural communities in Nebraska. The survey was also translated in Spanish and participants were consented in their preferred language.

A total of 452 surveys were completed by community members.

Phase 2: Community Focus Group

Two focus groups were conducted: (1) North Omaha with African American participants and (2) South Omaha with all Hispanic participants. Focus Group Discussion Questions (See Appendix A)

Phase 3: Key Informants Interview

The goal of these interviews was to understand perspectives on parenting education from key informants who were directly involved in the provision of parenting education in Nebraska. This information complements the self-reported data we collected from parents and allows us to better understand challenges and barriers to offering and receiving parenting education in Nebraska.

A total of 8 open-ended interviews were conducted with parenting education key informants in Nebraska.

Key informant interviews were conducted by initially contacting a potential informant via phone or email and explaining the research purpose. Upon agreement, the interviewer sent the questionnaire and consent letter to request a response. After the participant completed and sent back their responses, the interviewer scheduled a phone or in-person appointment to review the questionnaire and the provided responses to better understand the informant's perspective. Key Informants- Survey Questions (see Appendix B)

ETHICAL CONSIDERATIONS

This study was approved by the Institutional Review Board of the University of Nebraska Medical Center (IRB # 445-15-EX). Each component of the study noted that participation was completely voluntary and confidential. All participant questions were answered prior to initiating the research protocol.

ANALYSIS AND RESULTS

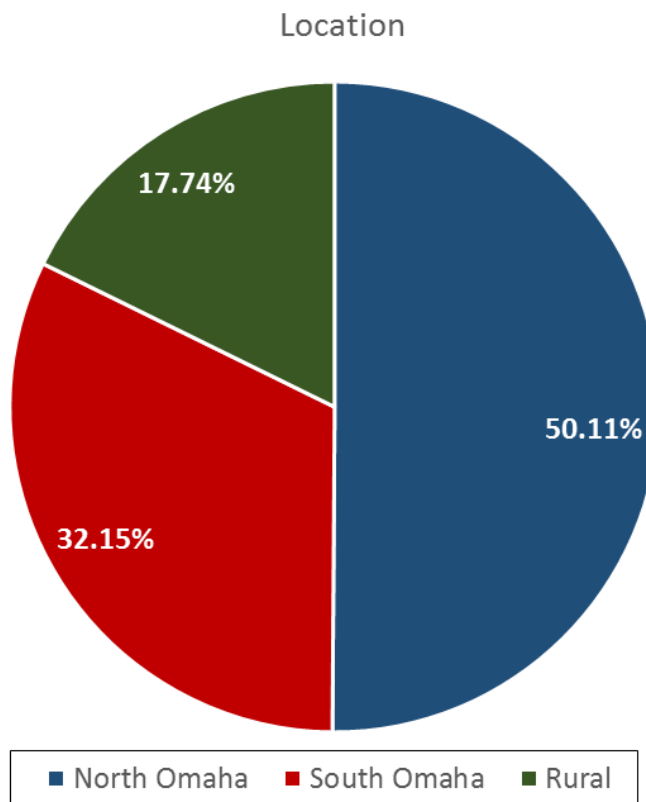
I. Community Survey

We conducted univariate and bivariate analyses to understand the characteristics of the participants in this study, their health behaviors, as well as their experiences with and needs related to parenting education.

Participant characteristics and health behavior

A total of 452 study participants with children from North Omaha, South Omaha, and rural areas of Nebraska were recruited to participate in this study. Approximately 50% of respondents were from North Omaha (Figure 1).

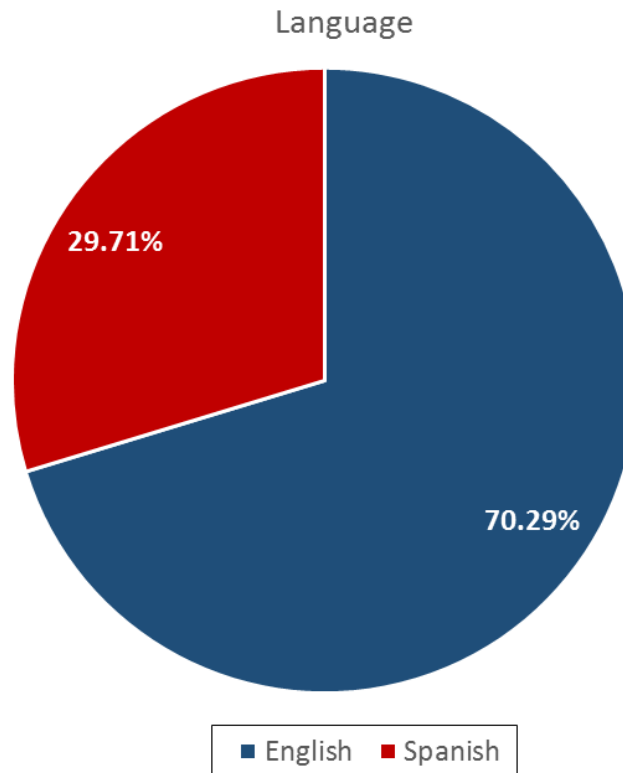
Figure 1: Participants' geographic location



UNMC Center for Reducing Health Disparities (2015). Parenting Education Needs Assessment in Nebraska

Most respondents completed the survey in English (70%), although about one-third of participants chose to complete the survey in Spanish (Figure 2).

Figure 2: Language



UNMC Center for Reducing Health Disparities (2015). Parenting Education Needs Assessment in Nebraska

Parents ranged in age from 18 to 70, with a median age of 34 (Figure 3). Most respondents were female, most identified as non-Hispanic, and most either finished high school or some college (Figure 4). Many respondents were married (Figure 5), worked full time, rented their homes, and were born in the U.S. About half of respondents earned less than \$24,999, with almost one-third earning less than \$10,000 (Figure 7). Approximately 64% of respondents were insured.

Figure 3: Age

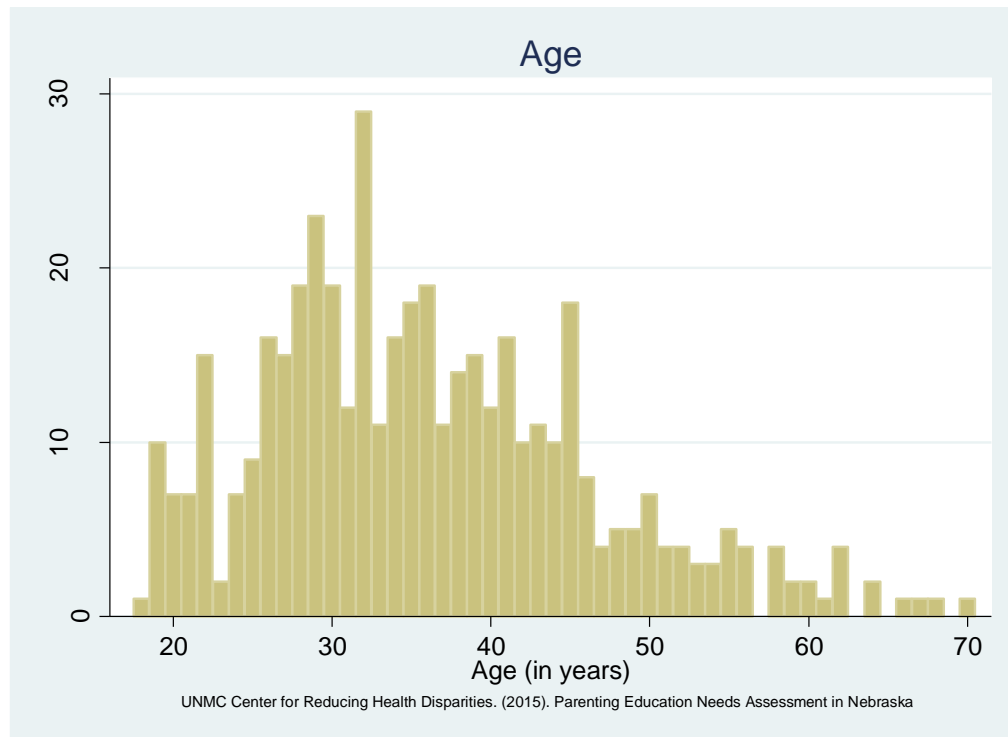


Figure 4: Educational attainment

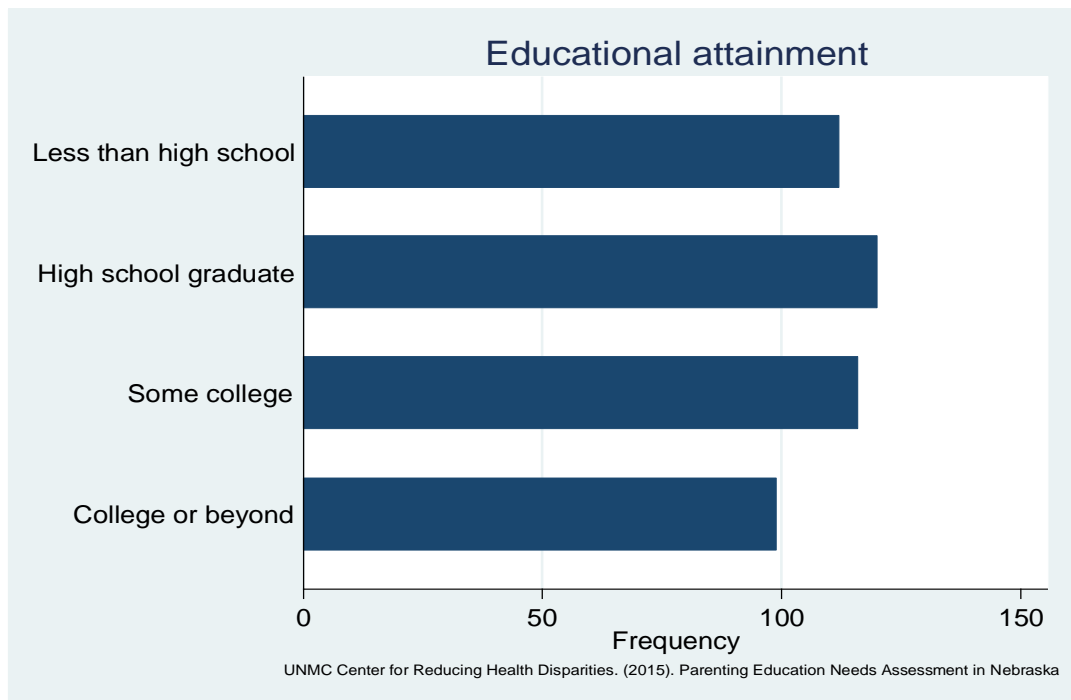
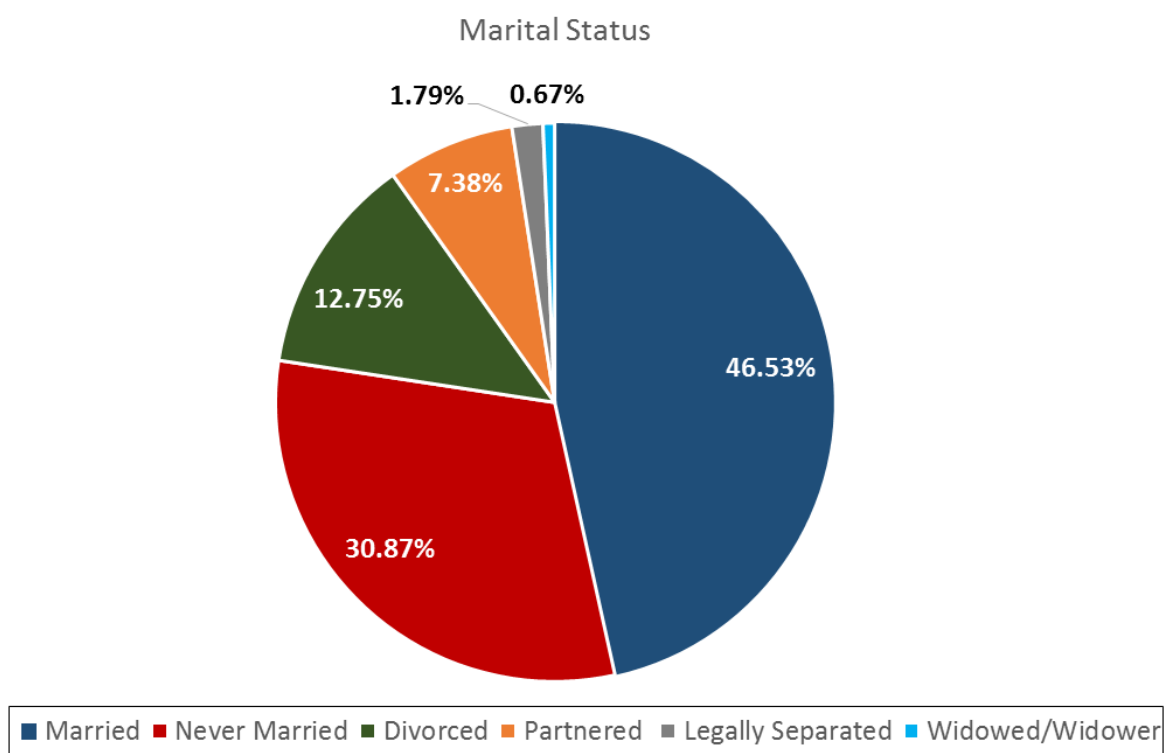
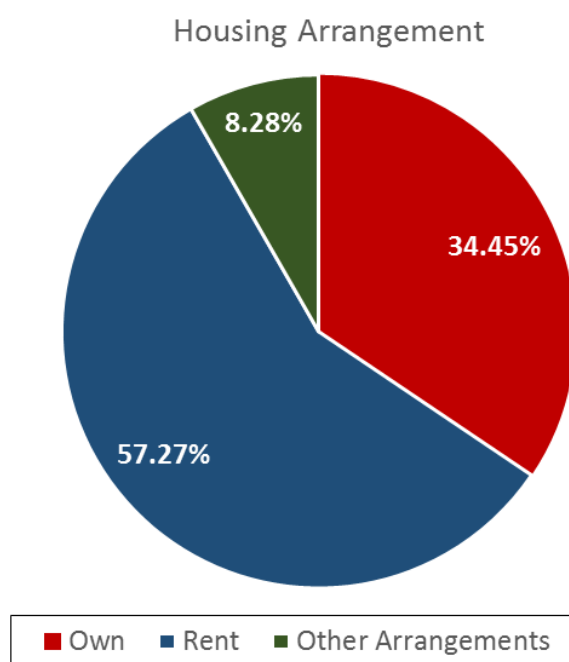


Figure 5: Marital status



UNMC Center for Reducing Health Disparities (2015). Parenting Education Needs Assessment in Nebraska

Figure 6: Housing arrangement



UNMC Center for Reducing Health Disparities (2015). Parenting Education Needs Assessment in Nebraska

Figure 7: Income

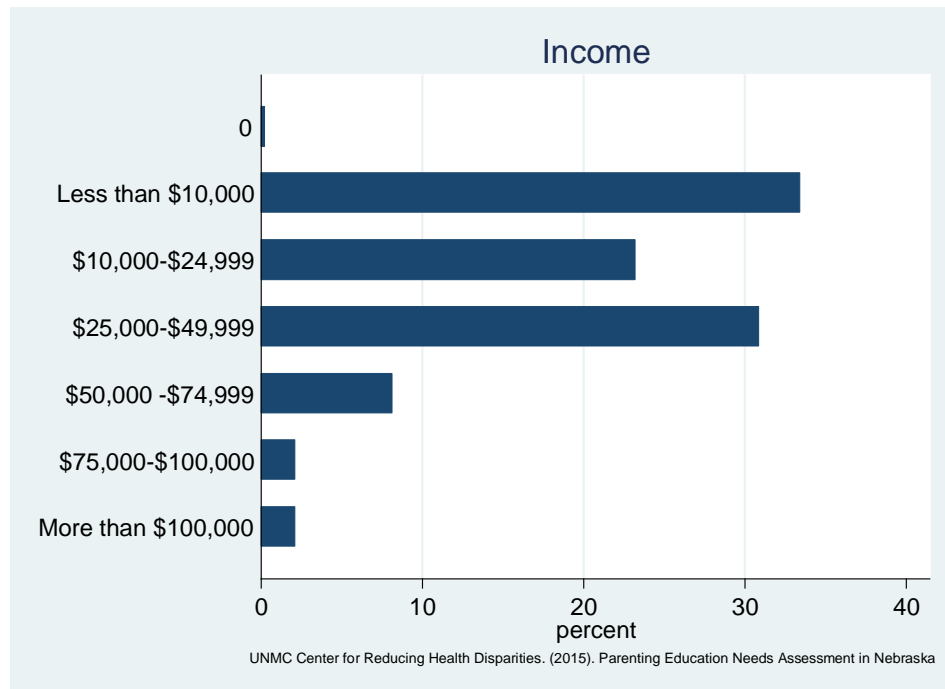


Table 1 describes the health characteristics of parents in this study. Many respondents rated their health as excellent or very good. Relatively few people had chronic health conditions; however, the most common chronic condition reported by respondents in this study was high blood pressure. Many respondents reported positive health behaviors such as not drinking not smoking, and exercising 1-2 times per week. Respondents reported being very happy.

Table 1: Health characteristics

Self-rated health status	N (%)
Excellent or very good	182 (41.8)
Good	169 (38.9)
Fair or poor	84 (19.3)
Chronic conditions	
High blood pressure	76 (17.2)
Heart disease	11 (2.5)
Diabetes	32 (7.2)
Stroke	3 (0.7)
Cancer	8 (1.8)
Other	49 (11.1)

Weekly smoking (or more frequent)	82 (18.5)
Frequency of drinking	
Never	242 (54.6)
Once or twice per week	152 (34.3)
Every other day	34 (7.7)
Every day	6 (1.4)
Frequency of exercise	
Never	63 (14.2)
Once or twice per week	188 (42.4)
Every other day	131 (29.6)
Every day	58 (13.1)
Self-rated Happiness (on a scale from 1 to 10)	8 (7,10)

Most children were biologically related to the parent who was taking the survey, however, there were 12 children who were adopted and 22 step-children. Parents in this study had between 1 and 10 children, with most having only 1 or 2 children. Few respondents in this study were non-custodial parents.

Formal Parenting Education

Despite that the vast majority of respondents (96.4%) considered themselves to be good parents, there was still a great deal of interest in parenting education (Figure 8). Over 200 people (47.3%) said they would consider participating in parenting education in the future, while an additional 136 people (31.2%) said they would consider it depending on what the program offered. There were 94 respondents (21.6%) who were not interested in parenting education.

Figure 8: Interest in parenting education

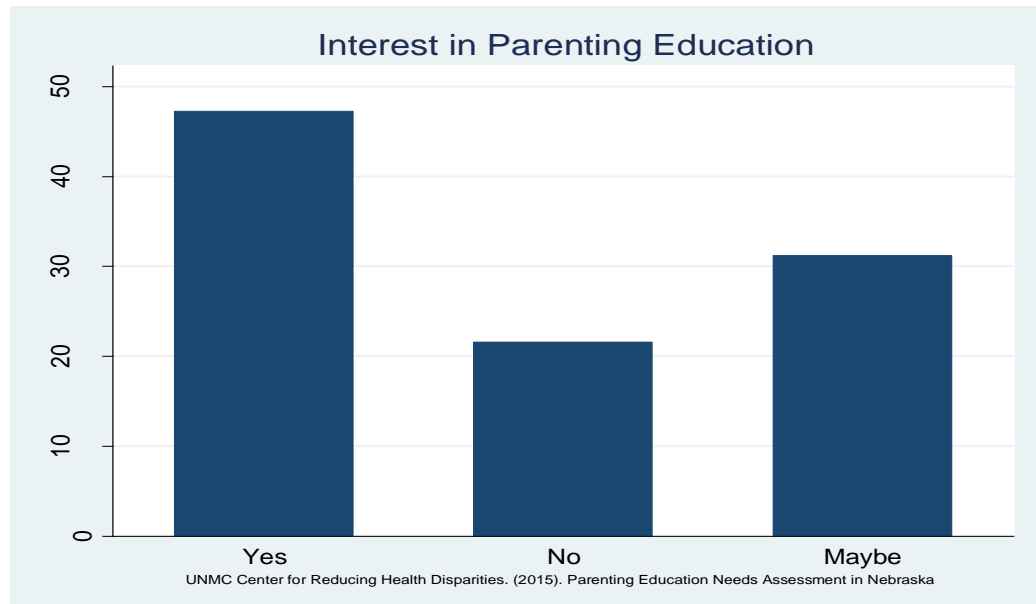


Figure 9: Elements of parenting that are most important

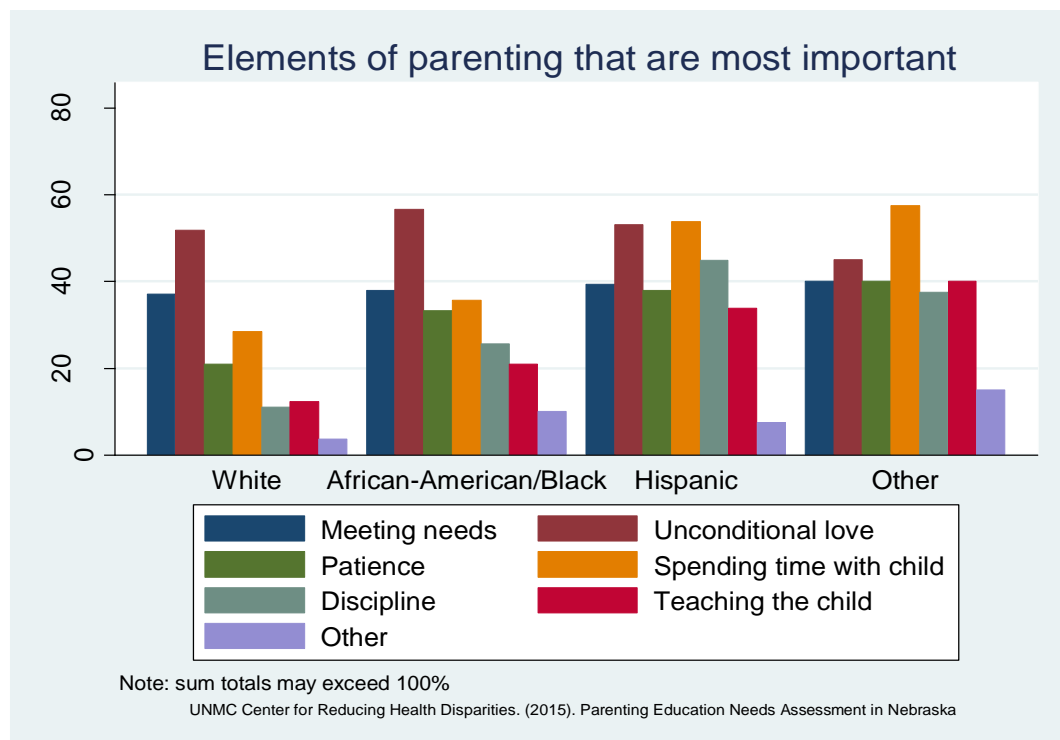


Figure 9 (above) highlights the elements of parenting that respondents felt were the most important by race/ethnicity. About 40% of each group thought that meeting the child's basic needs was the most important element of parenting. Compared to White respondents, Hispanic, African-American, and Other race/ethnic groups were more likely to consider patience to be the most important element in parenting.

Hispanic and African-American respondents were more likely to report that knowing how to effectively discipline the child is the most important element in parenting. Compared to White and African-American respondents, those who were Hispanic or Other were more likely to report that teaching the child what they want to learn is the most important aspect of parenting.

Figure 10: Areas in which parents are doing the best

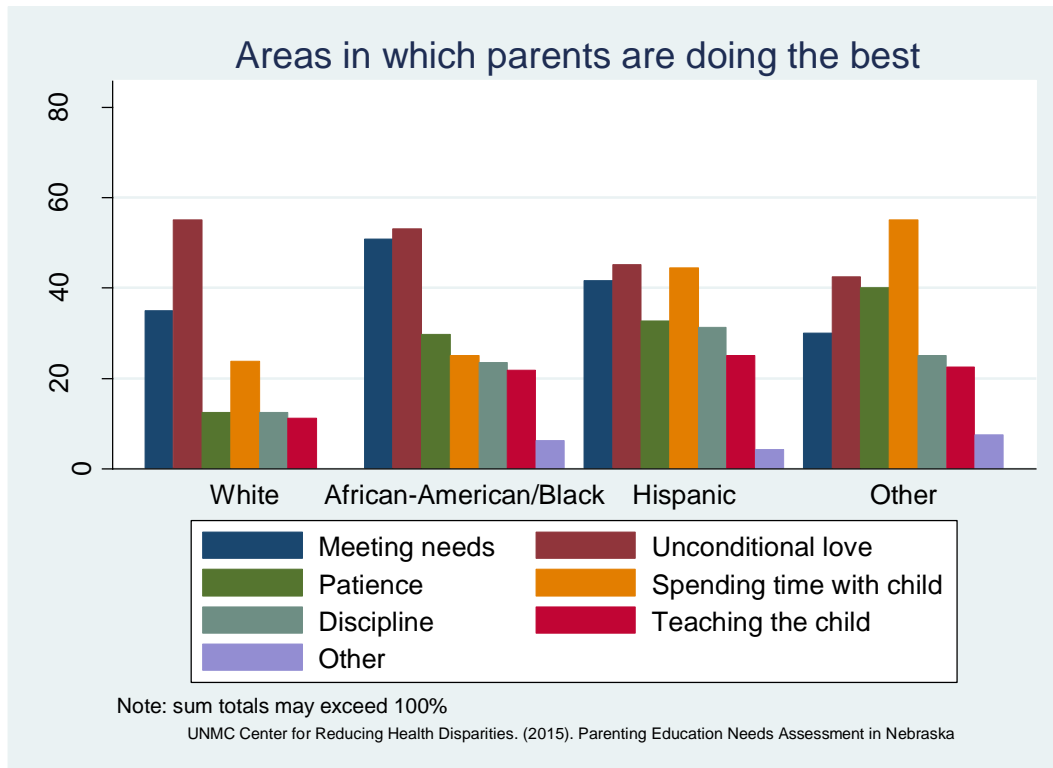
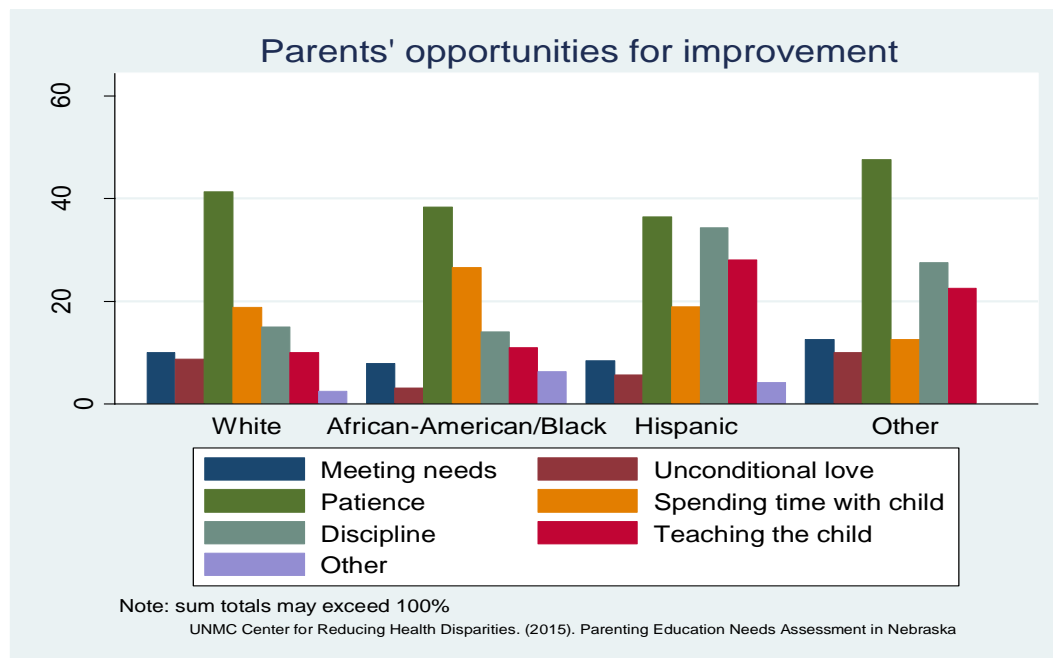


Figure 10 (above) illustrates the areas in which parents think they are doing the best. African-American, Hispanic, and other race groups were more likely than White respondents to say they were doing the best at being patient with their child. Hispanic and the Other racial group were more likely than African-American and White respondents to report excelling in spending as much time as they could with their child.

Figure 11: Parents' opportunities for improvement



Parents reported areas they thought could be improved upon. Overall, many people indicated that patience, spending time, knowing how to discipline the child, and teaching the child what they want to learn were opportunity areas. Notably, Hispanic and the Other racial group were more likely than White and African-American respondents to select discipline and teaching the child what they want to learn as areas for improvement (Figure 11).

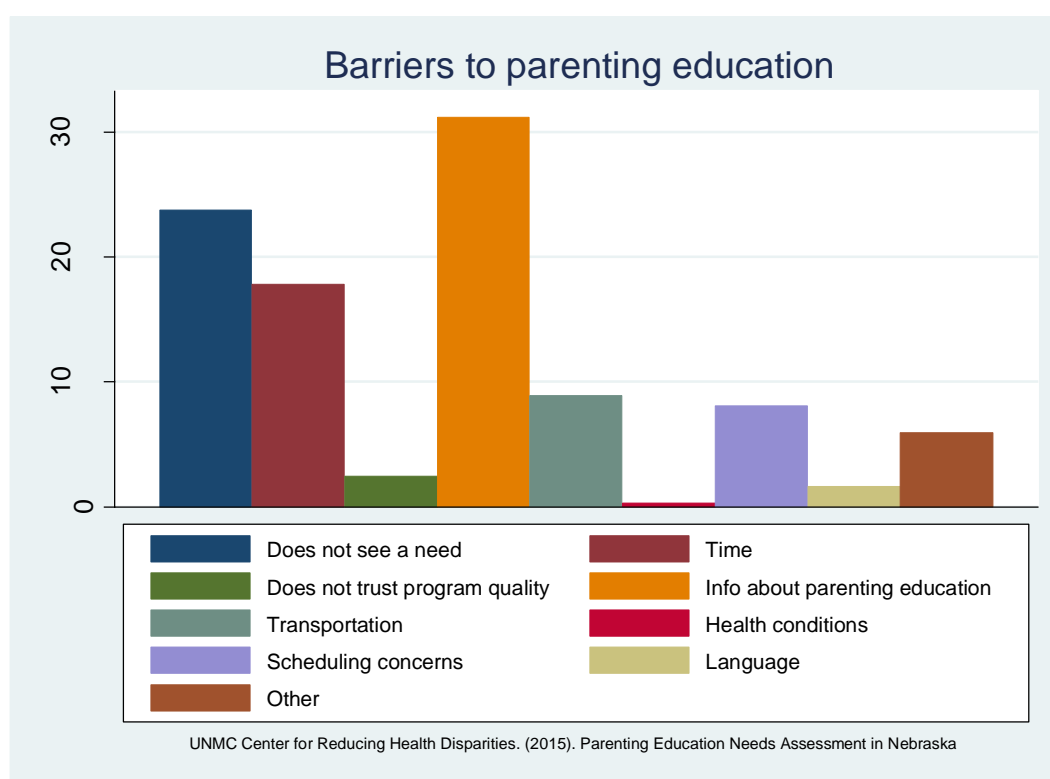
Many parents in this study spoke with their other parent every day or every other day about parenting (Table 2). About one third of respondents had previously taken a parenting education class. Of people who had taken a parenting class, most found the class useful or very useful.

Table 2: Parenting education

How often do you talk to the other parent about parenting?	N (%)
Never or less than once per week	149 (34.0)
Once or twice per week	94 (21.2)
Every day or every other day	189 (43.8)
Previous experience with parenting education	
Had taken a parenting education class before	152 (34.3)
Duration of parenting education	
Two hours or less	74 (16.7)
Half of a day or one day	34 (7.7)

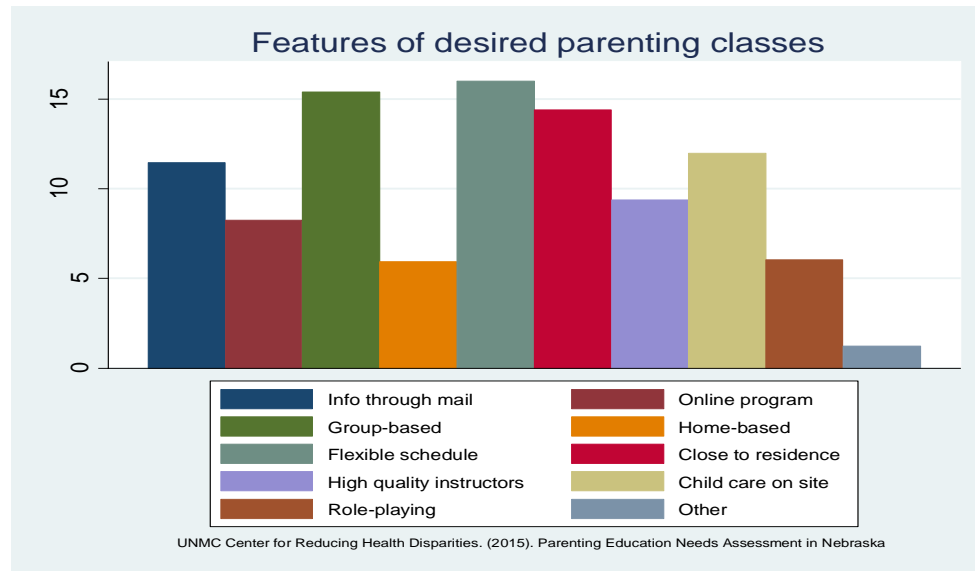
Several days but less than one week	7 (1.6)
One week or longer	36 (8.2)
Usefulness of previous parenting education class	
Very useful or useful	140 (31.6)
No opinion	7 (1.6)
Not useful	9 (2.0)

Figure 12: Barriers to parenting education



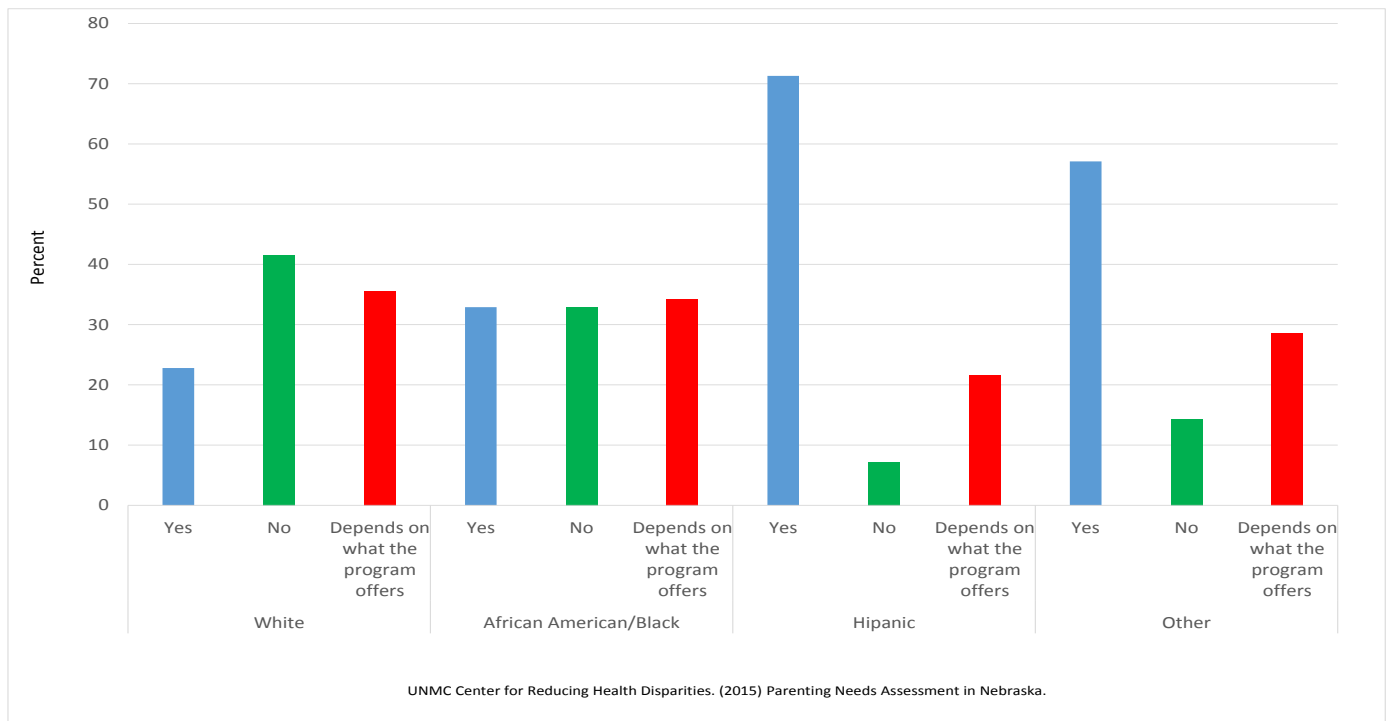
Roughly 2/3 of respondents had not taken a parenting class before. The biggest barriers to receiving parenting education were a lack of relevant information and programs, not seeing a need for formal parenting education, and feeling as though they did not have time for parenting education (Figure 12). Commonly reported features of desired programs included having a flexible schedule, being close to the respondents' homes, being group-based, and having child-care provided on site (Figure 13).

Figure 13: Features of desired parenting classes



There were substantial differences in terms of willingness to participate in future parenting education program across racial and ethnic groups (Figure 14). In particular, Hispanic parents were far more willing to consider to participate in a future parenting education program when compared to white and African American parents. In each of the four groups, over 20 percent of the parents reported that their decision will be contingent upon what the parenting education program offers.

Figure 14. Do you consider to participate in a parenting education program in the future?



II. Community Focus Group

Participant Characteristics

A total of seven individuals participated in the focus group in North Omaha. All participants were African-American/Black. Participants range in age from 33 to 61, with the median age 38. Most respondents were female (71%), and only one respondent was married. Five (71%) of respondents worked full-time and had four or more years of college.

A total of eight individuals participated in the focus group in South Omaha. Three-fourths of the participants were immigrant who had been born in other countries including the Dominican Republic and Mexico. Participants ranged in age from 26 to 50. Six participants were female and two were males. Half of participants were married, high school graduates, and worked full-time.

Findings

African Americans expressed that their challenges related to parenting revolved around issues related to communication, peer pressure, and concerns about social media. For the Hispanic participants, the parenting challenges were mainly around language, technology and social media, cultural differences between parenting practices among Latino families and American families, helping children deal with racism and prejudice, and teaching children about their culture.

A focus group participant from North Omaha illustrates the challenges around cultural differences in parenting:

"I felt like the – I'm not going to call them White people – the Caucasian people need to know that us being Black people that we deal with our children in a totally different way that they do and that with that being said that we should not be in trouble because we're dealing with our kids a different way if it's not hurting them, if it's teaching them how to live through our life and how to respect their elders. You shouldn't be – you shouldn't get in trouble for disciplining your child because everybody runs their household a certain way than a White person would. So I feel like they should have parenting classes for us colored women and keep their parenting classes and have an understanding that we deal with our children in a totally different manner than they do."

Participants from both focus groups indicated there was a need for parenting education in their communities. Hispanic participants stressed that there were not enough culturally diverse programs for Latinos in the community and that there should be a Facebook group to discuss parenting issues. Likewise, the participants from the focus group in North Omaha also indicated that parenting education was needed; however, the topics they discussed revolved around the need for mental health services and mental health care (for example, that a parent can't "beat ADD out of [their] kids). In both focus groups, we saw that the need to tailor parenting education classes to their target audience would be an important element in making the program successful.

Some participants had previously attended parenting classes such as Boy's Town Common Sense Parenting, the Youth Center, Educare, and the Family Leadership Program. Participants indicated that cultural concordance was a very important aspect of making parenting classes successful. A participant

from North Omaha explained that an ideal parent education program would have racial/ethnic and cultural concordance between the educators and the parents:

“I would say taught by somebody in the community that they're – taught by somebody in the community. If it's over in South Omaha then it's gonna be somebody from South Omaha teaching it and if they're from North Omaha it's going to be somebody from North Omaha. If you're talking about with the immigrant population it's going to be somebody who has familiarity with that culture teaching the class, answering questions in the way that the people – the way that a lot of the people in the community are going to understand.”

Ideal parenting education was described as an intercultural exchange, free of charge, with small groups, voluntary, and with a roundtable layout so that participants could easily see each other and discuss topics. In addition, they thought it was important to recognize that not all families are two-parent families but that families may also include single parents, LGBT families, blended families, and so on. Topics that were proposed included education, religion, family budgeting, community resources, civic participation, and disciplining children. In the North Omaha focus group, there was considerable discussion around parenting education related to legal issues and interfacing with child protective services to get children back who have been removed from the home. A participant from South Omaha explained that the parenting groups could be taught by fellow parents:

“Me too, I definitely would agree 100% to participate, and I think it would be very important what everyone else mentioned. Most of all I would like to educate myself first, to be able to educate others later.”

Another respondent highlighted that men might be more easily recruited if the program was geared for the family. He stated, “

But it is something about the family because look men even go to church. Then, if it is an activity for the whole family, men will come because if the children come and wife comes, the man will go too.”

The following factors could promote participation in parenting education programs: having the opportunity to learn about stage development of their children; having the opportunity to teach other parents after completing parenting education; having a convenient time and location; having prizes or incentives; providing childcare; welcoming all kinds of families; including fathers; and encouraging participation in events where families can meet informally and continue the relationships they had built.

III. Key Informants Interview

Participant characteristics

We also recruited and conducted open-ended interviews with 8 parenting education key informants in Nebraska. Over 60% of respondents were White and 25% were African-American/Black. Participants ranged in age from 28 to 67, with the median age 42. Most respondents were female (75%). Over 60% worked full-time and all participants had a minimum of a college degree if not a Masters' degree.

The following results are organized according to the written answers of key informants. Even with a modest number of informants, the responses were sufficient to identify common themes.

To introduce a discussion about promoting parenting education, participants were asked, "What has your organization done to promote parenting education? Did you encounter any difficulties or barriers in this process?" Participants cited community meetings, internet, developing support services, court system, Omaha Public School (OPS), and local churches. A participant highlighted how the Heartland Family Service (HFS) promotes parenting education and the difficulties they have faced:

"The HFS Positive Parenting Group program promotes parenting education within the court system, Omaha Public Schools, and local churches. I offer presentations to the community around child development and parenting education, especially within the refugee community. Some difficulties we have faced is in getting all parents to see the importance of parent education. Many parents are court mandated to take the classes; however, once they go through the class they realize they do have a lot to learn as do all parents."

Another participant stated:

"Boys Town has removed barriers by (1) translating products, (2) developing support services, (3) increase preventive programs and products"

A key informant from CHI Health, St. Elizabeth in Lincoln, stated that parenting education is promoted via word of mouth and reminder calls:

"There are limited funds for marketing classes. Typically people learn about our classes via our website, Drs. Office, referrals by health department, various social agencies, word to mouth. Parents attend a private class such as child passenger safety receive a reminder call which has helped reduce the number of no-shows."

Participants were invited to discuss barriers, "Based on your observation, what challenges or barriers do parents face as they try to receive parenting education?" All 8 participants discussed the difficulties posed by cost, child care/daycare, and transportation. One respondent noted:

"Some challenges that parents face as they try to receive parenting classes are having difficulties paying the fee of the class, transportation, illiteracy and daycare while they are attending the classes."

Some participants mentioned parents' attitude:

“The main barriers tend to be schedules (work, school, kids at home, etc.), child care, transportation, distance, unwillingness to invest their own time, parents having the attitude that the children need to change and not themselves as parents (not taking responsibility), money to pay for classes/books, We try to work around these as much as possible to assist the parents so they can make our classes and offer suggestions as to how to overcome these barriers. Also, we contact the parents each week before the class to remind them of upcoming classes and homework.”

Another participant stated:

“I think daycare and supper time can be a barrier for getting parents to class. I have also found that parents are not very proactive, they are more reactive. So they are not seeking out parenting classes unless they have some major problem behaviors with their children.”

Another question posed to key informants was, “Does your organization have a plan to expand or refine current parenting education services? If so, what would be the key to your success?” Over half of participants cited expanding to meet the needs of specific populations.

A respondent stated:

“We plan to and are presently expanding our service to meet the needs of: (1) Spanish speaking parents, (2) high density at risk community, (3) resettlement populations, and (4) deaf families. The keys to our success in community collaboration and our ability to respond quickly, access change in needs and refine our service to meet those needs.”

Another participant from the Heartland Family Service (HFS) stressed:

“HFS is always looking at getting more parenting education to parents and improving our services. One example is how we brought the parenting class to the Karen refugee community and adapting the curriculum to fit their needs as parents. The key to our success going forward is using evidence-based curriculum when possible, but being able to adapt our services for the populations we are serving.”

Although the total number of key informants were modest, their valuable insights will provide practitioners and policymakers with a set of enablers and barriers to be considered when pursuing to inform effective parenting education programs.

STRENGTHS AND LIMITATIONS

This assessment purposefully incorporated a variety of different types of data sources to allow for triangulation between the data sources, thereby enhancing the depth and quality of the findings; however it should be noted that various limitations do exist.

Community Survey

Though the survey sample consisted of 452 individuals across Nebraska, the information provided by these respondents only represents their perspectives and may not entirely reflect or provide a complete picture of the parenting education concerns and needs of community members across the state. Therefore, these results cannot necessarily be generalized to Nebraska as a whole, or to any particular towns within the rural area.

The information gathered relied on self-reports from respondents, which may be subject to inconsistencies or inaccuracies, a limitation in all self-report methodology. Additionally, respondents were not required to answer any questions on the survey, therefore not all respondents responded to all questions.

Focus Groups

The focus group data described here represent only the perspectives of the individuals interviewed and do not necessarily represent or provide a complete picture of community needs or perspectives on parenting education in each community. These results therefore cannot necessarily be generalized to Nebraska.

Key Informant Interviews

The interview data described here represent only the perspectives of the individuals interviewed and do not necessarily represent their agencies. These results therefore cannot necessarily be generalized to any particular communities or agencies.

RECOMMENDATIONS

It is recommended that community leaders and members agencies of parenting education work together to address the following:

1. Increase public awareness about the importance of parenting education and available resources, including reduced fees, availability of childcare, and transportation.
2. Partner with educational institutions and school boards to provide up-to-date parenting education information, such as programs and services.
3. Fund implementation of evidence-based, culturally and linguistically appropriate parenting education programs in high-need communities.
4. Test culturally and linguistically targeted parenting education interventions to better inform science, practice, and policy.
5. Consider parental barriers in developing community-based programs and include potential opportunities to fund services to overcome these barriers.

CONCLUSIONS

Approximately, 2/3 of respondents had not previously participated in a parenting class. The biggest barriers to receiving parenting education were lack of relevant information and programs, not seeing a need for formal parenting education, and not having time for parenting education. Commonly reported features of desired programs included having a flexible schedule, being close to the respondents' homes, being group-based, and having childcare on site. To increase participation in parenting education, future programs should adequately consider these preferences in program design. Our findings also highlight the need of tailoring parenting education programs based on specific needs of different parents based on their background, barriers, and preferences for receiving parenting education.

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APPENDIX A - Parents Focus Group Discussion Questions:

1. Parenting can be challenging and require many skills. Based on your experience, what are some of the common challenges parents nowadays usually need to confront when they interact with their children?
2. Do you think there is a need for parenting education in your community? Why?
3. Did anyone participate in a parenting education program?
 - a. (if yes, follow up with these questions: A. Could you briefly describe the program? B. How do you like it?)
 - b. (if no, ask participating parents if they have heard of parenting education programs)
4. In your opinion, what does an ideal parenting education program look like?
5. Would you consider participating in a parenting education program in the future? What are some of the factors that will influence your decision?

APPENDIX B - Parenting Education Providers/Key Informants- Survey Questions

Could you please briefly describe your organization and its mission?

1. Has your organization been involved in parenting education? If so, in what capacity?
2. Briefly describe any previous experience that you have that is related to working with parents or in parenting education programs.
3. What has your organization done to promote parenting education? Did you encounter any difficulties or barriers in this process?
4. Based on your observation, what challenges or barriers do parents face as they try to receive parenting education?
5. Does your organization have a plan to expand or refine current parenting education services? If so, what would be the key to your success?